

**The TASER X26 Advanced TASER M26 INSTRUCTOR TRAINING**  
**Reservation Form**

**Port Huron Police Department**  
MOC Building – 100 McMorran – 5<sup>th</sup> Floor  
Port Huron, MI 48060

**NOTE:**

16-hour course held during two days: September 10, 2005 at 8:00am – 5:00pm AND September 11, 2005 from 8:00am - 5:00pm

**Unlimited officers from your department can attend the above *Certified X26 and M26 Instructor Training Course*.**  
Please complete the information below to enroll officers from your department.

Please complete the information below to enroll officers from your department for the *Certified Advanced TASER M26 TASER & X26 Instructor Course*. (Make copies of this form before completing if enrolling more than four officers.)

**Attendee #1**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Attendee #2**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Attendee #3**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Attendee #4**

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

Department: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**\*\*\* All payments must be received in advance! We will accept the following methods of payment. If payment is not received, certificate will be held and certification will be held as inactive until payment is satisfied! We will only accept payment after the course if a purchase order is issued! \*\*\***

**Method of Payment – Make Checks Payable to TASER International, Inc.**

☐ Company Check – (Mail copy of registration form with check)

☐ Personal Check - (Mail copy of registration form with check)

☐ Invoice My Department - Attn: \_\_\_\_\_, PO # \_\_\_\_\_

☐ American Express ☐ Visa ☐ MasterCard Card # \_\_\_\_\_ Expires: \_\_\_\_\_

**\*\* NAME ON CREDIT CARD: \_\_\_\_\_**

**Certification Fee: \$225 per person \$ \_\_\_\_\_**

**Re-Certification Fee: \$80 per person \$ \_\_\_\_\_**

**Observer Only: \$0 No Charge \$ \_\_\_\_\_**

**Total Amount Due: \$ \_\_\_\_\_**

To complete your reservation, FAX all completed forms to  
**TASER INTERNATIONAL, INC.**  
**(480) 905-2034 Attention: Jami LaChapelle**